

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 525-2

Registered No.

1. PLACE OF BIRTH

County

Maricopa

State

Arizona

District or Township

or Village

Lakeside

City

Lakeside

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

John Butler Pennel

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

7. Date

of birth

July 25 1928

Month

Day

Year

8.

FATHER

Full name

John Ralph Pennel

14.

MOTHER

Full maiden name

Sarah Ann Butler

9. Residence

(Usual place of abode)

Lakeside

15. Residence

(Usual place of abode)

Lakeside

If non-resident, give place and state.

If non-resident, give place and state.

Ariz.

10. Color or race

white

11. Age at last birthday

54 (Years)

16. Color or race

white

17. Age at last birthday

72 (Years)

12. Birthplace (city or place)

Oallaburg

(State or country)

Utah

18. Birthplace (city or state)

Esclante Utah

(State or country)

13. Occupation

Nature of industry

Farmer

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

9

(a) Born alive and now living

9

(b) Born alive but now dead

0

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 5 m. on the date above stated.
(Born alive or stillborn)

Signature

J. N. Hargood

(Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Address

Dr. W. W. Flake

Month, day, year

Registrar.

Filed

Aug 2 1930

John R. Fish

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN.